

CJA 20 APPOINTMENT OF AND AUTHORITY TO ANY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST./ DIV. CODE HIXHO		2. PERSON REPRESENTED SEON IL KIM		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 03-00228 HG		5. APPEALS DKT./DEF. NUMBER 05-10170	
7. IN CASE/MATTER OF (Case Name) USA V. SEON IL KIM		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input checked="" type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
10. REPRESENTATION TYPE (See Instructions)					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS GEORGIA K. MCMILLEN, ESQ. #6422 PO BOX 1512 WAILUKU, HI 96793 Telephone Number : (808) 891-9393			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input checked="" type="checkbox"/> X R Subs For Retained Attorney <input checked="" type="checkbox"/> X P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's <u>MICHAEL OSTENDORP, ESO</u> Appointment Dates: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) <u>Mahayashi</u> Signature of Presiding Judicial Officer or By Order of the Court <u>1/31/06</u> <u>1/31/06</u> Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)					
CLAIM FOR SERVICES AND EXPENSES					
CATEGORIES (Attach itemization of services with dates)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	FOR COURT USE ONLY
					MATH/TECH. ADJUSTED HOURS MATH/TECH. ADJUSTED AMOUNT ADDITIONAL REVIEW
In	15. a. Arraignment and/or Plea				
	b. Bail and Detention Hearings				
	c. Motion Hearings				
	d. Trial				
	e. Sentencing Hearings				
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (Specify on additional sheets)				
(RATE PER HOUR = \$) TOTALS:					
Out of	16. a. Interviews and Conferences				
	b. Obtaining and reviewing records				
	c. Legal research and brief writing				
	d. Travel time				
	e. Investigative and other work (Specify on additional sheets)				
(RATE PER HOUR = \$) TOTALS:					
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____				20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	
21. CASE DISPOSITION					
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____					
APPROVED FOR PAYMENT — COURT USE ONLY					
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES	
				26. OTHER EXPENSES	
				27. TOTAL AMT. APPR./CERT.	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER				DATE	
				28a. JUDGE/MAG. JUDGE CODE	
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES	
				32. OTHER EXPENSES	
				33. TOTAL AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.				DATE	
				34a. JUDGE CODE	

UNITED STATES DISTRICT COURT

DISTRICT OF HAWAII
300 ALA MOANA BLVD. RM C-353
HONOLULU, HAWAII 96850

LESLIE E. KOBAYASHI
UNITED STATES MAGISTRATE JUDGE

TELEPHONE: (808) 541-1331
FAX: (808) 541-1386

January 31, 2006

Georgia K. McMillen, Esq.
PO Box 1512
Wailuku, HI 96793

Re: U.S.A. vs. Seon Il Kim
NO. 05-10170


Dear Ms. McMillen:

Thank you for accepting the court's appointment to represent Seon Il Kim in the above-entitled matter.

Enclosed is your appointment voucher.

As a reminder, any withdrawal and substitution of counsel, whether the substitute counsel is a panel attorney or a retained attorney, must have the prior approval of this court.

Very truly yours,


Leslie E. Kobayashi
United States Magistrate Judge

LEK:sq
Enclosure